

Case Number:	CM13-0034669		
Date Assigned:	12/11/2013	Date of Injury:	07/08/2010
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who reported an injury on 07/08/2010. The patient is currently diagnosed with cervical discopathy with chronic cervicgia, lumbar discopathy with disc protrusion, bilateral carpal tunnel and cubital tunnel syndrome, double crush syndrome, osteochondritis dissecans in the medial aspect of the radial head, fracture versus pseudofracture of capitate in the left wrist, bilateral shoulder impingement, partial tear of the supraspinatus tendon, and full thickness tear in the supraspinatus tendon in the right shoulder. The patient was seen by [REDACTED] on 07/30/2013. The patient reported persistent pain in the neck, shoulders and low back. Physical examination revealed tenderness at the cervical paravertebral muscles, upper trapezial muscles, and medial border scapula with spasm; tenderness at the shoulder anteriorly, positive impingement and Hawkins sign, painful range of motion, tenderness at the medial aspect of the elbows, positive Tinel's, painful range of motion, tenderness at the dorsal wrist with minimal swelling, diminished sensation of the radial digits, tenderness at the lumbar paravertebral muscles, painful range of motion, positive straight leg raising, and tenderness at the anterolateral aspect of the hip. Treatment recommendations included a course of physical therapy for the upper back, shoulders and low back twice per week for the next 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 additional physical therapy sessions for the lumbar spine and bilateral shoulders, 2x/wk for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, the current request is for additional physical therapy for the lumbar spine and bilateral shoulders. However, documentation of a previous course of physical therapy with treatment duration and efficacy was not provided for review. It is unclear as to why this patient would not benefit from a self-directed home exercise program. Without documentation of significant functional improvement following the initial course of physical therapy, additional therapy cannot be determined as medically appropriate. Therefore, the request is noncertified.